



APPLICATION FOR MHSOAC PREVENTION & EARLY INTERVENTION COMMITTEE

NAME: _____ TEL.: DAY _____ EVE _____

ADDRESS: _____ EMAIL: _____

PLEASE ATTACH YOUR RESUME AND OTHER BACKGROUND INFORMATION SUCH AS REFERENCES OR LETTERS OF RECOMMENDATION

1. Please check all boxes below that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Client/Consumer | <input type="checkbox"/> Parent/Caregiver of Adult |
| <input type="checkbox"/> Parent/Caregiver of Older Adult | <input type="checkbox"/> Parent/Caregiver of Minor |
| <input type="checkbox"/> Client/Family Members (Not currently receiving services) | |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Provider |
| <input type="checkbox"/> Member of a racially, ethnically and/or geographically diverse community | |
| <input type="checkbox"/> Other: _____ | |

2. Are you currently receiving or have you previously been a recipient of public mental health services? ☐ Yes ☐ No

3. Has any member of your family been a recipient of public mental health services?
☐ Yes ☐ No

4. A. What motivated you to apply for this position? (*You may attach a separate piece of paper if needed*).

B. What are your interests in joining the MHSOAC Prevention and Early Intervention Committee?

PLEASE NOTE: A lack of experience in the following areas does not necessarily disqualify you.

5. What past or current experience or expertise (paid or volunteer) would you bring to your participation on the Committee, e.g., in areas such as prevention and early intervention,

resiliency, wellness and recovery, reduction of the negative impacts that may result from being a recipient of and/or lack of access to mental health services, faith-based services, research, program development and implementation, policy development, finances, etc.?

6. Please describe your experience with statewide mental health issues.
7. Please list any boards, commissions, or advisory committees related to mental health on which you have served or are currently serving.
8. The work you may do as a member of the MHSOAC Prevention and Early Intervention Committee will require an awareness of and sensitivity to ethnicity, race, age, culture, including client and family member cultures, language, gender, sexual identity and the needs of other special populations. Please note any experience or perspective you may have which you feel would be important for us to be aware of relative to these issues.
9. Do you speak/read/write a language other than English? ☐ Yes ☐ No
If yes, what language(s)?

Please describe your language skill level?

Signature: _____ Date: _____

Deadline for Submission of Application: May 23, 2006

**Poppy Johal, Oversight and Accountability Commission
Department of Mental Health
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Sacramento, CA 95814
(916) 445-1104 or FAX: (916) 445-1577**

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